

PREMIUM RATES

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PREMIUM RATES

PEEHIP Premium Rates 2004- 2005 Plan Year

The following monthly premiums are effective October 1, 2004 - September 30, 2005.

Active Members

PEEHIP Hospital Medical or HMO Plans			
Coverage		Allocation	Monthly Out-of-Pocket Cost
Single	\$585.00	\$583.00	\$ 2.00
Family	\$717.00	\$583.00	\$134.00

COBRA and Leave of Absence Rates	
Single	\$311.00
Family	\$724.00

Retired Members

The premiums listed below show the retiree's out-of-pocket expense, the cost to the State and the total premium.

Rate	Type of Contract	*Retiree Monthly Out-of-Pocket Expense	Cost to State	Total Premium
A	Individual Coverage/ Non-Medicare Eligible Retired Member	\$ 78.00	\$403.00	\$481.00
B	Family Coverage/Non-Medicare Eligible Retired Member and Non-Medicare Eligible Dependent(s)	\$210.00	\$675.00	\$885.00
C	Family Coverage/Non-Medicare Eligible Retired Member and Dependent Medicare Eligible	\$169.00	\$557.00	\$726.00
D	Individual Coverage/ Medicare Eligible Retired Member	\$ 1.14	\$273.86	\$275.00
E	Family Coverage/Medicare Eligible Retired Member and Non-Medicare Eligible Dependent(s)	\$133.14	\$545.86	\$679.00
F	Family Coverage/Medicare Eligible Retired Member and Dependent Medicare Eligible	\$ 92.14	\$427.86	\$520.00

***This applies to the PEEHIP Hospital Medical or any of the HMO Plans and is the monthly amount that will be deducted from a retiree's check.**

The out-of-pocket costs for an eligible husband and wife who choose to combine their insurance allocations will be as follows:

Retiree receiving spouse's retired allocation (2 retired allocations)		Retiree receiving spouse's active allocation (1 retired and 1 active allocation)	
PEEHIP or Any of the HMO Plans		PEEHIP or Any of the HMO Plans	
B Rate	\$90.00	B Rate	-0-
C Rate	\$49.00	C Rate	-0-
E Rate	\$13.14	E Rate	-0-
F Rate	-0-	F Rate	-0-

The State allocation can be used to purchase **two** optional plans at no cost to the retiree if the retiree is not using the allocation for one of the hospital medical plans. Additional optional plans can be purchased for \$38.00 per month per plan.

Optional Coverage: Active and Retired Members

Cancer	\$38.00/month	Individual or Family Coverage
Indemnity	\$38.00/month	Individual or Family Coverage
Dental	\$38.00/month	Individual or Family Coverage
Vision	\$38.00/month	Individual or Family Coverage

Pro rata Premium Schedule

The following schedule is provided for use in computing the payment for the PEEHIP Hospital Medical or HMO Plans when an employee enrolls for coverage to begin other than the first working day of a month.

This schedule is to be used when a member wants to add family coverage to existing single coverage in the middle of the month due to marriage or birth of a child. In this situation, the member should only pay the dependent rate (column #3) if he or she is already being payroll deducted for the single rate.

October 2004 - September 30, 2005

PEEHIP Hospital Medical Or HMO Plans						
Coverage Effective Date	Single Full Coverage	*Dependent Full Coverage	Each Optional Coverage	Monthly Allocation	Single Out-of-Pocket	**Family Out-of-Pocket
1	585.00	132.00	38.00	583.00	2.00	134.00
2	565.50	127.60	36.73	563.57	1.93	129.53
3	546.00	123.20	35.47	544.13	1.87	125.07
4	526.50	118.80	34.20	524.70	1.80	120.60
5	507.00	114.40	32.93	505.27	1.73	116.13
6	487.50	110.00	31.67	485.83	1.67	111.67
7	468.00	105.60	30.40	466.40	1.60	107.20
8	448.50	101.20	29.13	446.97	1.53	102.73
9	429.00	96.80	27.87	427.53	1.47	98.27
10	409.50	92.40	26.60	408.10	1.40	93.80
11	390.00	88.00	25.33	388.67	1.33	89.33
12	370.50	83.60	24.07	369.23	1.27	84.87
13	351.00	79.20	22.80	349.80	1.20	80.40
14	331.50	74.80	21.53	330.37	1.13	75.93
15	312.00	70.40	20.27	310.93	1.07	71.47
16	292.50	66.00	19.00	291.50	1.00	67.00
17	273.00	61.60	17.73	272.07	0.93	62.53
18	253.50	57.20	16.47	252.63	0.87	58.07
19	234.00	52.80	15.20	233.20	0.80	53.60
20	214.50	48.40	13.93	213.77	0.73	49.13
21	195.00	44.00	12.67	194.33	0.67	44.67
22	175.50	39.60	11.40	174.90	0.60	40.20
23	156.00	35.20	10.13	155.47	0.53	35.73
24	136.50	30.80	8.87	136.03	0.47	31.27
25	117.00	26.40	7.60	116.60	0.40	26.80
26	97.50	22.00	6.33	97.17	0.33	22.33
27	78.00	17.60	5.07	77.73	0.27	17.87
28	58.50	13.20	3.80	58.30	0.20	13.40
29	39.00	8.80	2.53	38.87	0.13	8.93
30	19.50	4.40	1.27	19.43	0.07	4.47

* Use this column when adding family coverage to existing single.

** Use this column when enrolling in family coverage.

Examples:

1. New employee hired on the 12th day of the month who wishes to enroll in individual PEEHIP Hospital Medical **only** (no optional plans):

Calculation of pro rata premium:
 $\$370.50 - \$369.23 = \$1.27$

2. New employee hired on the 21st day of the month wishes to enroll in family PEEHIP Hospital Medical and Dental:

Calculation of pro rata premium:
 $\$195.00 + \$44.00 + \$12.67 - \$194.33 = \$57.34$

*Must add single rate and dependent rate to get full family rate for a new employee.

3. An employee enrolled in single coverage wants to add family coverage November 16 due to birth of child or marriage, the member should only pay the **dependent rate** (column #3) in the amount of \$66.00 because he or she is already being deducted for single rate.

A personal check is required from the member if the amount due is a pro rata payment. The pro rata payment should be sent with the PEEHIP ENROLLMENT FORM or STATUS CHANGE FORM.

The PEEHIP Monthly Insurance Report should only indicate a **full** month's premium.

Do not combine premium payments for more than one month. A separate check must be remitted for each month.

Submitting Premiums

Personal Checks and Money Orders

Only pro rata checks or money orders from new employees or employees adding family coverage due to birth of child or marriage should be attached to the PEEHIP ENROLLMENT FORM.

New Employees

If a new employee wants insurance coverage to begin on the date of employment, the employee must submit to the employer a personal check or money order for the pro rata premium from the date of employment to the end of the month. This check or money order should be attached to the PEEHIP ENROLLMENT FORM.

Should the new employee not receive a pay check at the end of the first month of employment in order to payroll deduct the next month's full premium, the employee must submit a second personal check or money order for the full month's premium to the employer.

The second check or money order must be sent with the PEEHIP Monthly Insurance Report on which the new employee's name, coverage, and premium has been added.

Employees Adding Coverage(s)

To add coverage(s) after the payroll deductions cut-off, an employee must submit to the employer a personal check or money order for the coverage(s) added. The coverage(s) change should be reflected on the Insurance Report and the employee's check or money order should be sent with the PEEHIP Monthly Insurance Report.

Unearned Allocations

Personal checks or money orders for unearned allocations should be remitted with the Insurance Report for which the unearned allocation applies.